

DECLARATION OF HONOUR

I

.....

(fill in your name, surname, date of birth, permanent residence, and telephone number)

hereby declare that

1. I do not show and for the past 14 days have not shown any symptoms of an infectious viral disease (e.g. fever, cough, heavy breathing, muscle pain, headache, exhaustion, dizziness, sudden loss of taste or/and smell, etc.),
2. I am not aware that during the past 14 days I would have been in contact with a person who has been tested positive for COVID-19 or suspected to be COVID-19 positive,
3. in the past 14 days I have not visited a country / an area which, in accordance with the current measures of the Public Health Authority of the Slovak Republic, is marked as risky,
4. in the past 14 days I have not attended (participated in) mass events with more than 100 people or events with international participation,
5. I am not and for the past 14 days I have not been under the obligation to stay in home quarantine.

Furthermore, I declare that in order to maintain public health I will behave responsibly, refrain from risky activities, limit travel as much as possible (even within the Slovak Republic) and I will follow the directives of the university and its components published on their websites and in their premises.

I am aware of legal consequences of a false declaration of honour.

In (place)..... Date.....

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Signature